						PTO/SB/17
2008 Sunder the Paperwork Reduction A	ct of 1995, no person are requi	U.S. red to respond to a c	Patent and Tra	pproved for use the ademark Office; U.S mation unless it di	S. ÕEPARTME	10. OMB 065
Fee TRANSMITTAL For FY 2008		Complete if Known				
		Application Number 10/646,7		0/646,704-Cd	04-Conf. #9815	
		Filing Date		August 25, 2003		
		First Named Inventor		Kenichiro NAKAMURA		
		Examiner Name		J. Pilkington		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		3682		
TOTAL AMOUNT OF PAYMENT	(\$) 930.00	Attomey Docke	t No.	0505-1227P		
METHOD OF PAYMENT (check	all that apply)					
Check Credit Card	Money Order No	ne Other	(please identify	/):		
X Deposit Account Deposit Account	Number: 02-2448	Deposi	t Account Name:	Birch, Stewar	t, Kolasch & B	irch, LLP
For the above-identified depo	sit account, the Director is	s hereby authoriz	ed to: (chec	k all that apply)		
x Charge fee(s) indicated	below	Charg	ge fee(s) ind	icated below, e	xcept for th	e filing fe
X Charge any additional f	ee(s) or underpayments o	f Credi	t any overpa	vments		
fee(s) under 37 CFR 1.			t ally overpa			
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND E	KAMINATION FEES	-			<u> </u>	
FII	LING FEES SE	ARCH FEES	EXAMIN	ATION FEES	}	
Application Type Foo (\$	Small Entity	Small Entity		Small Entity	Fees P	(\$) bic
Application Type Fee (\$			Fee (\$)	Fee (\$)	rees r	aiu (\$)
Utility 310	155 510		210	105		
Design 210	105 100		130	65		
Plant 210	105 310		160	80		
Reissue 310	155 510	255	620	310		
Provisional 210	105 0	0	0	0		
2. EXCESS CLAIM FEES						Small Enti
Fee Description					<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reiss				50	25	
Each independent claim over 3 (incl				210	105	
Multiple dependent claims					370	185
Total Claims Extra Claims	Paid (\$)	<u>M</u> u	ultiple Depende	ent Claims		
	· =		<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for	, if greater than 20.					_
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
	· =					
HP = highest number of independent claims	paid for, if greater than 3.					
3. APPLICATION SIZE FEE						
If the specification and drawings ex						
listings under 37 CFR 1.52(e)),				itity) for each a	idditional 50)
sheets or fraction thereof. See 3	* * * * * * * * * * * * * * * * * * * *	• •		F== (0)	F () a : a : (¢)
Total Sheets Extra Sheet		additional 50 or fra			<u>ree 1</u>	Paid (\$)
- 100 =	/50 =	(round up to a wh	nole number)	х	=	D=1d (A)
4. OTHER FEE(S)	5 6 7 H 25 P				Fees	Paid (\$)
Non-English Specification, \$130	J tee (no small entity disc	ount)	ntion (DOF	\(coc 27	04	n.nn
Other (e.g., late filing surcharge)	1251 Extension for re	unueu examina enonee within t	auun (KUE firet month) (See 3/		0.00 0.00
	1201 EXCUISION TO TE	Sporise Within	ocmonui			
SUBMITTED BY	-\ \	In. day				-
Signature / James / M.	/ Wallen -	Registration No. (Attorney/Agent)	28,380	Telephone	(703) 203	5-8015

October 1, 2008

Date

Name (Print/Type)

James M. Slattery